

# **KOJO AUTO SERVICE CENTER**



#### LAGOS:

1, Moshalashi Street, Off Western Avenue, By Ipori Bridge Alaka Surulere, Lagos. Tel: 08077692625, 08077692662, 08077692633

### ABUJA:

Plot 1209 Shehu Yar'Adua Way Mabushi Near VIO, Abuja FCT. Tel: 08077692630, 08067779150, 09-2911234

#### BENIN:

45, Agbor Road, Ikpoba Hill, Benin City, Edo State. Tel: 08077692641, 08077692644

#### PORT-HARCOURT:

Plot 117, Trans-Amadi Layout Port Harcourt, Rivers State. Tel: 08077692621, 08077692631, 07037823937

#### AWKA:

Plot C5 and C6 Agu-Akwa Layout Akwa Anambra State Tel: 08077692640, 08077692610

## **JOB INSTRUCTION**

Customer Name/ID:	N.A.G.I.S / KJ446182	Date:	09th Feb, 2022
Organization	NASSARAWA GEOGRAPHIC INFORMATION SERVICE	Reg. No:	SMK 71 CH
Vin/Chasis No:	AHTFX22G108018409	Odometer Reading:	183534Km
Phone Number:	08032813809/ 08098988510	E-mail:	
Vehicle Make:	Toyota Hilux	Model Number:	TGN26L-PRMDKN
Address:	PLOT 1042 KURMOHD AVENUE CBD ABUJA		

Item Description	Quantity
ENGINE OIL	7
OIL FILTER	1
STABILIZER LINKAGE	1
BALL JOINT	1
FRONT SHOCK ABSORBER	1
REAR SHOCK ABSORBER	1
REAR SPRING BUSHING	1
TIE ROD END	1
TIE ROD SUCKET	1
WHEEL BALANCING AND ALIGNMENT	1
COMPRESSOR SENSOR	1
A/C GAS	3
A/C FILTER	1
COMPRESSOR OIL	1

Job Completion Notification: Date: Time: Delivered to Owner / Family / Other ()	Delivered to Owner / Family / Other ()		
Other Findings : Actual Hours Clocked: Technician Name: Quality Control Staff:			
Completion Changed: Time: Time:			
Change of Delivery Time:         Job Time:           Additional Jobs /Job Stoppage/Others         Job Start: Date Time			
Signed 1 Date: Job Details Explanation : □ Fixed: □ Date: Fee Explanation : □ Foxed: □ Date: Time: Job Details Explanation : □ Fixed: □ Delivery: Dtae: Time: Signed 2 Date: Time: Job Completion Notificxation: □ Time: Time: Time: Customer:			
Additional Job Completionn:   Value:   Project Estimatew/Explanationr:   Car Was Needed?:   Replaced Part Keep:			

P.S.F.U. (Plan):	Contact Info:
	Telephone No:
Date: Time:	(Home/Business/Mobile)
	Email:
P.S.F.U (Actual):	Customer: Owner / Family / Other ()
Date: Time	
P.S.F.U (GJ):	Staff Name:
□□ Fixed	
□□ Followup Status (Follow up Again	Confirmed By:
Date: Time:	Supplied By:
□□ Not Fixed (Appointment Date/Time)	Issued By:
	Order By: SAMUEL YUSUF FUNDA
Date: Time:	