



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:	MRS HELEN / KJ136936	Date:	21st Jun, 2022
Organization:		Reg. No:	YAB 510 BZ
Vin/Chasis No:	AHTLC58E503001695	Odometer Reading:	85,000Ki
Phone Number:	07016400068	E-mail:	
Vehicle Make:	Toyota Corolla	Model Number:	
Address:	JAHI ABUJA		

Item Description	Quantity
ENGINE OIL	5
OIL FILTER	1
SET OF HORNS	1
COMPLETE FUEL SUCTION	1
FRONT SHOCK ABSORBER	1
STABILIZER LINKAGE	1
BALL JOINT	1
WATER PUMP	1
FRONT BRAKE PAD (SET)	1
REAR BRAKE PAD (SET)	1
SPARK PLUGS	4
SET OF IGNITION COILS	4
ENGINE SEATING	1
EXHAUST CATALYST	1
EXHAUST CONE	1
SERVICING OF NOZZLE AND THROTTLE BODY	1
TRANSMISSION FLUID	6
PUMPER TOWING COVER L.H.S.	1
BATTERY HOLDER	1
FENDER LINING SET	1
STEERING COVER	1

		Additional Job Completionn : <input type="checkbox"/> Value : <input type="checkbox"/> Project Estimatew/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>	
1 <input type="checkbox"/> Cleaness (Exterior/Interior): <input type="checkbox"/> <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> <input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notificaxtion: <input type="checkbox"/>	Signed 1 Date: _____ Time: _____ Signed 2 Date: _____ Time: _____	Job Details Explanation : <input type="checkbox"/> Fixed: <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> Level Up: <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> No Fixed: <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/> PSFU(Plan) <input type="checkbox"/>	Delivery: Dtiae: _____ Time: _____ Customer: _____
Change of Delivery Time: Additional Jobs /Job Stoppage/Others Completion Changed: _____		Job Time: Job Start: Date _____ Time _____ Job Completion: Date _____ Time _____	

Other Findings :	Actual Hours Clocked: _____	Technician Name: _____	Quality Control Staff: _____
Job Completion Notification: Date: _____ Time: _____	Delivered to Owner / Family / Other (_____)		
P.S.F.U. (Plan): Date: _____ Time: _____	Contact Info: Telephone No: _____ (Home/Business/Mobile) Email: _____		
P.S.F.U (Actual): Date: _____ Time: _____	Customer: Owner / Family / Other (_____)		
P.S.F.U (GJ) : <input type="checkbox"/> <input type="checkbox"/> Fixed <input type="checkbox"/> <input type="checkbox"/> Followup Status (Follow up Again Date: _____ Time: _____ <input type="checkbox"/> <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____	Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: SAMUEL YUSUF FUNDA		