



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:	MR. RABIU SAHEED / KJ533143	Date:	04th Oct, 2021
Organization:		Reg. No:	NSR 63 TP
Vin/Chasis No:	NMTBF3JE10R006730	Odometer Reading:	72207KM
Phone Number:	08023341080	E-mail:	
Vehicle Make:	Toyota Corolla	Model Number:	ZRE182L-DEXNKW
Address:	OBA OVEREMI STREET, WORKS & HOUSING ESTATE GWARIMPA , ABUJA		

Item Description	Quantity
SPARK PLUGS /	4
SERVICING OF NOZZLES AND THROTTLE BODY /	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"/>	2 <input type="checkbox"/> Signed 1 Date: _____ Time: _____ <input type="checkbox"/> Signed 2 Date: _____ Time: _____	Job Details Explanation : <input type="checkbox"/> Fee Explanation : <input type="checkbox"/> Result Confirmation with Customer: <input type="checkbox"/> Walk-Around Check : <input type="checkbox"/>	Fixed: <input type="checkbox"/> Level Up: <input type="checkbox"/> No Fixed: <input type="checkbox"/> PSFU(Plan) <input type="checkbox"/>	Delivery: Dtae: _____ Time: _____ Customer: _____
Change of Delivery Time: _____		Job Time: _____		
Additional Jobs /Job Stoppage/Others Completion Changed: _____		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) :
☐ Fixed
☐ Followup Status (Follow up Again)

Date: _____ Time: _____
☐ Not Fixed (Appointment Date/Time)

Date: _____ Time: _____

Staff Name: _____

Confirmed By: _____

Supplied By: _____
Issued By: _____
Order By: SAMUEL YUSUF FUNDA