

KOJO AUTO SERVICE CENTER



LAGOS:

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

Item Description

SPARK PLUGS

COMPLETE FUEL SUCTION

FRONT BUMPER GARNISH RHS

SERVICE OF NOZZLE &THROTTLE BODY

ENGINE OIL

OIL FILTER

Date:

Time

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:

Quantity

7

1

4

1

1

1

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

JOB INSTRUCTION

| Customer Name/ID: | INTERNATIONAL RESCUE COMMITTEE INC / KJ118554 | Date: 11th Feb, 2022 |
|-------------------|---|----------------------------|
| Organization: | | Reg. No: BWR 75 PZ |
| Vin/Chasis No: | JTMRD8EV70D106050 | Odometer Reading: 107055KM |
| Phone Number: | 08135402302 | E-mail: |
| Vehicle Make: | TOYOTA RAV 4 | Model Number: ZSA44L-ANYMK |
| Address: | JABI ABUJA | |

| | | | | 1. |
|--|---|--|---|-----------------------------------|
| BUMPER PADDED CLIPS | 15 | | | |
| PAINTING MATERIALS COMPLETE FRONT BUMPER | | | | 1 |
| | | | | |
| | | Additional Job Completionn : □ Value : □ Project Estimatew/Explanationr: □ Car Was Needed? : □ Replaced Part Keep: □ | | |
| 1 | Signed 1 Date: Time: Signed 2 Date: Time: | Job Details Explanation : Fee Explanation : Result Confirmation with Customer: Walk-Around Check : | Level Up: □ No Fixed: □ PSFU(Plan)□ | Delivery: Dtae: Time: Customer: |
| Change of Delivery Time: | | Job Time: | | |
| Additional Jobs /Job Stoppage/Others | | Job Start: Date Time | | |
| Completion Changed: | | 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): | | Customer: Owner / Family / Other (| | |

| □□ Fixed | Staff Name: |
|--------------------------------------|--|
| □□ Not Fixed (Appointment Date/Time) | Supplied By: Issued By: Order By: OGOCHUKWU MIRIAM NWOKOMA |
| Date: Time: | |