



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. NNAMDI / KJ50316D8	Date:	28th Mar, 2022
Organization:		Reg. No:	15A 76 FG
Vin/Chasis No:	1HGCP3F89BA005316	Odometer Reading:	
Phone Number:		E-mail:	
Vehicle Make:	HONDA ACCORD	Model Number:	
Address:			

Item Description	Quantity
COMPRESSOR SEAL	1
COMPRESSOR OIL	1
A/C GAS	3

		Additional Job Completion: <input type="checkbox"/> Value: <input type="checkbox"/> Project Estimate/Explanation: <input type="checkbox"/> Car Was Needed?: <input type="checkbox"/> Replaced Part Keep: <input type="checkbox"/>	
1 <input type="checkbox"/> Cleanliness (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 Setting: <input type="checkbox"/> <input type="checkbox"/> Job Completion Notification: <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"/>
Change of Delivery Time: Additional Jobs /Job Stoppage/Others Completion Changed: _____ Other Findings : _____		Job Time: Job Start: Date _____ Time _____ Job Completion: Date _____ Time _____ Actual Hours Clock: _____ Technician Name: _____ Quality Control Staff: _____ 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"/> Fixed <input type="checkbox"/> Followup Status (Follow up Again) Date: _____ Time: _____ <input type="checkbox"/> Not Fixed (Appointment Date/Time) Date: _____ Time: _____		Staff Name: _____ Confirmed By: _____ Supplied By: _____ Issued By: _____ Order By: ABDULAZEEZ ADAVIRUKU YUSUFF	