



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

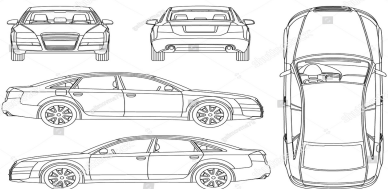
AWKA:

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

JOB INSTRUCTION

| | | | |
|--------------------------|--|--------------------------|----------------|
| Customer Name/ID: | CALVARY MINISTRIES / KJ112465 | Date: | 19th Jul, 2022 |
| Organization: | | Reg. No: | BWR 705 CA |
| Vin/Chasis No: | JTEHD20V250061951 | Odometer Reading: | 174965KM |
| Phone Number: | 08099625323 | E-mail: | |
| Vehicle Make: | RAV 4 | Model Number: | ACA23L-AWPNKA |
| Address: | PLOT 732 GOKE ADEGOROYE CLOSE WUYE ABUJA | | |

| Item Description | Quantity |
|-------------------------------|----------|
| WHEEL BALANCING AND ALIGNMENT | 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 Notification: <input type="checkbox"/> | 2 Signed 1 Date: _____ Time: _____ 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: 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"/> 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: OGHale GIFT USIAKPENEBRO | |