

# **KOJO AUTO SERVICE CENTER**



#### LAGOS:

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

**Item Description** 

**ENGINE OIL** 

### 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:

Quantity

7

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:	AKESIS / KJ890755	Date:	15th Feb, 2022		
Organization:		Reg. No:	17A 514 FG		
Vin/Chasis No:	JTFBU3FJ5LK180448	Odometer Reading:	36,517KM		
Phone Number:	08036532531	E-mail:			
Vehicle Make:	Toyota Landcruiser Prado	Model Number:	TRJ150L-GKPEKV		
Address:	Address: HOUSE 1, 16A POW MAFEMI CRESCENT UTAKO, ABUJA				

OILFILTER		1		
		Project Esti	al Job Completionn :  Value :  matew/Explanationr:  Car Was Needed? :  Replaced Part Keep:	
1 2  □ Cleanness (Exterior/Interior): □ Courtesy Items Removal: □ □ Outer Mirror Position / Seat Position: □ □ Clock Adjustment / Radio Sitting: □ Job Completion Notificxation: □	Signed 1 Date: Time: Signed 2 Date: Time:	Job Details Explanation :  Fee Explanation :  Result Confirmation with  Customer: Walk-Around Check :	Fixed: □ 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):  Date: Time	Customer: Owner / Family / Other ()			
Date: Time P.S.F.U (GJ) :	Stoff Nama:			
F.S.F.U (GJ) :	Staff Name:			
□ Followup Status (Follow up Again	Confirmed By:			
Date: Time:	Supplied By:			
□ Not Fixed (Appointment Date/Time)	Issued By: Order By: OGHALE GIFT USIAKPENEBRO			
Date: Time:				