# 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:** | UNICEF / KJ211662 | **Date:** | 14th Mar, 2022 |
| **Organization:** | UNICEF | **Reg. No:** | 202 UN 43 |
| **Vin/Chasis No:** | JTEBD9FJ10K016631 | **Odometer Reading:** | 115628KM |
| **Phone Number:** | 07031781840 | **E-mail:** | |
| **Vehicle Make:** | Toyota Landcruiser | **Model Number:** | LJ150L-GKMEE |
| **Address:** | U.N HOUSE, ABUJA | | |

| Item Description | Quantity |
|---|---|
| ENGINE OIL | 10 |
| OIL FILTER | 1 |
| GAS FILTER | 1 |
| AIR FILTER ELEMENT | 1 |
| FRONT BRAKE PAD | 1 |
| REAR FRONT PAD | 1 |

Additional Job Completionn : ☐
Value : ☐
Project Estimatew/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:**

Additional Jobs /Job Stoppage/Others

Completion Changed: _____

**Job Time:**

Job Start: Date _____ Time _____

Job Completion: Date: _____ Time: _____

Other Findings :

Job Completion Notification: Date:_____ Time: _____

Actual Hours Clocked:
_____

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) :

☐☐ 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: ABDULAZEEZ ADAVIRUKU YUSUFF

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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: ABDULAZEEZ ADAVIRUKU YUSUFF