



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:	INTEGRATED DAIRIES LIMITED / KJ289307	Date:	2022/01/21
Organization:		Vehicle Make / Reg. No:	Toyota Hilux/ RSH 403 AY
Vin/Chasis No:	MRODX8CDXJO594903	Odometer Reading:	28612KM
Phone Number:	07064029023	E-mail:	inpusmut@integrateddairies.com
Address:	VOM, PLATEAU STATE		

Item Description	Quantity
ENGINE OIL - /	7
OIL FILTER - /	1

		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"/>	2 Cleaness (Exterior/Interior): <input type="checkbox"/> Courtesy Items Removal: <input type="checkbox"/> Outer Mirror Position / Seat Position: <input type="checkbox"/> Clock Adjustment / Radio Sitting: <input type="checkbox"/> Job Completion Notificaxtion: <input type="checkbox"/>	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:		Job Time:		
Additional Jobs /Job Stoppage/Others Completion Changed: _____		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) :
☐ 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: OGHAE GIFT USIAKPENEBRO