**TSL Marketing Alliance Partner
Work Order Form**

**DATE**

To be completed by Project Manager / Project Lead

|  |  |
| --- | --- |
| Transfer # |  |
| Client Name |  |
| Deliverable Type |  |
| Alliance Partner Estimated Fee |  |
| Alliance Partner Estimated Hours |  |
| PM Name |  |
| Assigned Date |  |
| Deliverable Due Date |  |
| Alliance Partner Name |  |

To be completed by Alliance Partner

|  |  |
| --- | --- |
| Alliance Partner Signature |  |