Date _____

Salesperson _____ Takeoff Done By _____

Cabinet Hardware Takeoff

Builder:		**Date:**	**Address:**
Contact:	**Phone Number:**	**City/Zip:**	**Addition:**
Special Instructions:			**Directions:**
WALL CABINETS	UP	DN	ITEM NUMBER
Doors #1			
Drawers #1			
Doors #2			
Drawers #2			
ISLAND CABINETS	UP	DN	ITEM NUMBER
Doors			
Drawers			
OTHER	UP	DN	ITEM NUMBER
Doors			
Drawers			
HALL	UP	DN	ITEM NUMBER
Doors			
Drawers			
STUDY	UP	DN	ITEM NUMBER
Doors			
Drawers			
LIVING ROOM	UP	DN	ITEM NUMBER
Doors			
Drawers			
HALL BATH	UP	DN	ITEM NUMBER
Doors			
Drawers			
POWDER BATH	UP	DN	ITEM NUMBER
Doors			
Drawers			
MASTER BATH	UP	DN	ITEM NUMBER
Doors			
Drawers			
UTILITY ROOM	UP	DN	ITEM NUMBER
Doors			
Drawers			
OTHER:	UP	DN	ITEM NUMBER
Doors			
Drawers			
OTHER:	UP	DN	ITEM NUMBER
Doors			
Drawers			