

**Higher Education  
Operating Fund Budget  
Fiscal Year Ending June 30, 2019**

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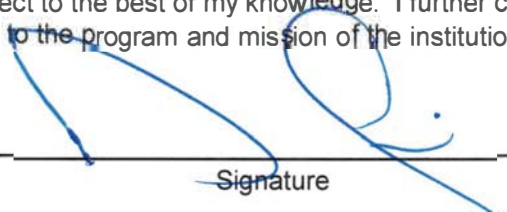
**Name of Institution:** University of Louisiana at Lafayette

**Contact Person:** Jerry Luke LeBlanc

**Telephone Number:** (337) 482-6235

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The accompanying forms, statements, and explanations, comprised of 178 pages, numbered i to 174, have been approved by me. I hereby certify that the statements and figures on the accompanying forms are true and correct to the best of my knowledge. I further certify that all positions listed on this budget are vital to the program and mission of the institution.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
E. Joseph Savoie  
Name  
  
\_\_\_\_\_  
President  
Title