



## STANDARD OPERATING PROCEDURE

### Veteran Service Organization (VSO) Burial Honor Guard Support Fund

#### PURPOSE

Establish policy and procedures for the VSO Burial Honor Guard Support Fund created by S.C. Code Ann. § 25-11-85, effective June 17, 2022. These funds are to be used to offset costs paid by qualifying organizations that provide honor guard burial details at the funerals of qualifying South Carolina Veterans.

#### POLICY

Upon request by a South Carolina chapter of a congressionally chartered VSO that provided “well-equipped and properly trained honor guard” burial detail at the funeral of a qualifying South Carolina Veteran, the Secretary of the Department of Veterans’ Affairs or his designated representative may authorize a disbursement from the fund. The minimum amount is \$50 per disbursement with a maximum of \$100 per funeral, set annually by the Secretary of the Department of Veterans’ Affairs. For requests over \$50, itemized expenses must be attached.

#### ELIGIBILITY FOR SERVICES (QUALIFYING VETERANS):

- A. Must have been a resident of South Carolina for at least five years; and
- B. Was released from service with an other than dishonorable discharge; and
- C. Served on active duty in the uniformed military services of the United States; or
- D. Served on active duty in the National Guard or any organized state militia; or
- E. Served in the reserve components of the uniformed military services of the United States on active duty.

#### PROCEDURE

- A. Upon completion of providing burial honor guard support, a VSO shall:
  - 1. Keep track of each funeral supported; and
  - 2. Record expenses incurred in support of providing a well-equipped and properly trained honor guard; and
  - 3. Submit a “Request for Reimbursement” to the Secretary of Veterans’ Affairs or his designated representative **no later than the 15th of the following month** the funeral was conducted. See enclosure.
- B. This procedure is to be used in conjunction with all relevant Department regulations, rules, policies, and procedures that the Secretary of the Department of Veterans’ Affairs may promulgate.

#### DOCUMENTATION AND SUBMISSION

The enclosed “VSO Honor Guard Request for Reimbursement” is the only authorized form that may be submitted. The completed form must be submitted to 1800 St. Julian Place, Suite 305, Columbia SC 29204 or [pat.wortherly@scdva.sc.gov](mailto:pat.wortherly@scdva.sc.gov).

#### ONE-TIME REGISTRATION REQUIRED TO RECEIVE PAYMENT

VSOs must have a state Vendor Number to receive payment after submitting a valid Request for Reimbursement. VSOs must register as a vendor in the State of South Carolina’s online payment system called SCEIS to receive a Vendor Number. To register, go to <https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>.

If you have questions or need additional guidance, you may go to <https://procurement.sc.gov/> and select “Doing Business With Us” and then “Vendor Registration.” If you do not remember your Vendor Number or are unsure if your VSO has registered, you may select “Vendor Lookup” on the Vendor Registration page.

# VSO HONOR GUARD REQUEST FOR REIMBURSEMENT

Veteran Service Organization (VSO) Name: \_\_\_\_\_

VSO Mailing Address: \_\_\_\_\_

SCEIS Vendor Number: \_\_\_\_\_

Total Reimbursement Amount Requested: \_\_\_\_\_

Veteran Last Name	Veteran First Name	Funeral Date	Burial Date	Cemetery Name	City of Burial

*Attach additional pages as necessary*

By signing, I attest under penalty of perjury that:

- I am an authorized representative of the above-named VSO
- My VSO is eligible to receive reimbursement under § 25-11-85
- My VSO provided a “well-equipped and properly trained honor guard” for the above named Veteran(s) as required under § 25-11-85
- I have attached receipts / expense reports for reimbursements over \$50
- The reimbursement amount above is true and correct

I also understand that the State of South Carolina may request to audit or review documentation relating to disbursements from the VSO Burial Honor Guard Support Fund.

*Fraudulent or otherwise unauthorized submissions may be subject to criminal charges and/or other penalties.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use*

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

\_\_\_\_\_  
Director

\_\_\_\_\_  
Resource Director